

<b>MQ-53</b> (12-08-98)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency  <b>APPLICATION FOR REVIEW OF FARM MARKETING QUOTA</b>  (See Page 2 for Privacy Act and Public Burden Statements)	1. RETURN TO: (County FSA Office Name, Address and Phone number (Including Area code)).
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2. APPLICANTS NAME AND ADDRESS	3. KIND OF TOBACCO
	4. FARM SERIAL NUMBER
	5. STATE AND COUNTY CODE

I, the undersigned, acting pursuant to Section 363 of the Agricultural Adjustment Act of 1938, as amended (7 USC 1363) and applicable provisions of the Marketing Quota Review Regulations (7 CFR Part 711) hereby apply for review committee of the following checked matter as it affects the farm marketing quota:

ITEM	CHECK	ITEM	CHECK
6. Farm Acreage Allotment and/or Farm Marketing Quota		9. Actual farm production	
7. Farm Yields		10. Farm marketing excess in acres or pounds	
8. Determination of land constituting the farm		11. Monetary marketing quota penalties	
a. Land devoted to non-agricultural usage		12. Required forfeitures of farm allotment and/or farm marketing quota	
b. Land used for agricultural purposes		13. Other (explain):	
c. Cropland acreage, including tillable cropland			

I understand that the review committee can only consider matters which the County Committee was authorized to consider in making the determination being appealed.

The original notice of the determination for which review is requested (or copy thereof certified as true and correct by the County Executive Director) is attached and made a part hereof.

#### 14. BASIS FOR APPEAL

A. Set forth below are the reasons why I believe that the determination which I am appealing is incorrect and the determination which I believe should be made for my farm. (Continue on Page 2 if additional space is needed.)

B. SIGNATURE OF APPLICANT	C. DATE (MM-DD-YYYY):
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#### 15. FOR COUNTY OFFICE USE

A. APPLICATION RECEIVED BY (County Executive Director)	DATE (MM-DD-YYYY):	B. REVIEW APPLICATION NUMBER
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C. PROPOSED DISPOSITION ISSUE NOTICE OF UNTIMELY FILING <input type="checkbox"/>	SCHEDULE APPLICATION FOR HEARING <input type="checkbox"/>
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16. REMARKS

**NOTE:** *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Sections 364 and 368 of the Agricultural Adjustment Act of 1938, Pub. L. 430, and 7 CFR Part 711. The information will be used to settle appeal cases between farmers and County Committee decisions involving tobacco. Furnishing the requested information is voluntary; however, without it complete administrative appeal rights by law would be lost. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0058. The time required to complete this information collection is estimated to range from 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE LISTED IN ITEM 1.***